

# **EXHIBIT A**

FORM B10 (Official Form 10) (04/05)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor <b>DELPHI CORPORATION</b>	Case Number <b>05-44481</b>	THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>JOHN P. ARLE</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: <b>c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157</b>	Telephone number: <b>(313) 393-7433</b>	
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Other <b>SEE ATTACHED</b>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
<b>2. Date debt was incurred:</b> <b>SEE ATTACHED</b>	<b>3. If court judgment, date obtained:</b> <b>N/A</b>	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <b>SEE ATTACHED</b> (unsecured) (secured) (priority) <b>SEE ATTACHED</b> (Total) <input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/03. Pub. L. 109-8.	
<b>6. Unsecured Nonpriority Claim \$ SEE ATTACHED</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  <b>9. Supporting Documents:</b> Attach copies of supporting document, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. (Documents are voluminous and are in possession of Debtor.)  <b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date July 24, 2006	Sign and print the name and title, if any, of the creditor or other person authorize to file this claim (attach copy of power of attorney, if any). <b>John P. Arle</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

**ATTACHMENT TO PROOF OF CLAIM**

Creditor's name: John P. Arle

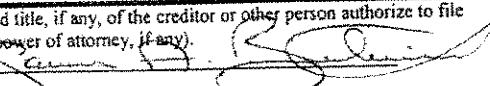
As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of \$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☒ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 6,599 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

  
\_\_\_\_\_  
Initials

FORM B10 (Official Form 10) (04/05)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor <b>DELPHI CORPORATION</b>	Case Number <b>05-44481</b>	THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>JAMES A. BERTRAND</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: <b>c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157</b>	Telephone number: <b>(313) 393-7433</b>	
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Other <u><b>SEE ATTACHED</b></u> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)                      Last four digits of SS #: _____                      Unpaid compensation for services performed from _____ (date) to _____ (date)                 </div> </div>		
<b>2. Date debt was incurred:</b> <b>SEE ATTACHED</b>	<b>3. If court judgment, date obtained:</b> <b>N/A</b>	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u><b>SEE ATTACHED</b></u> (unsecured) (secured) (priority) (Total) If all or part of your claim is secured or entitled to priority, also complete item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.	
<b>6. Unsecured Nonpriority Claim \$ <u>SEE ATTACHED</u></b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
<b>9. Supporting Documents:</b> Attach copies of supporting document, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <u>(Documents are voluminous and are in possession of Debtor.)</u>		
<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
Date <b>July 25, 2006</b>	Sign and print the name and title, if any, of the creditor or other person authorize to file this claim (attach copy of power of attorney, if any).  <b>James A. Bertrand</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

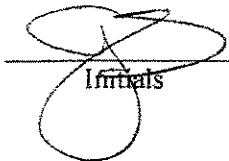
**ATTACHMENT TO PROOF OF CLAIM**

Creditor's name: James A. Bertrand

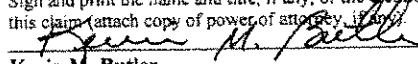
As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of \$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☒ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 9,212 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

  
Initials

FORM B10 (Official Form 10) (04/05)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor <b>DELPHI CORPORATION</b>	Case Number <b>05-44481</b>	THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property):  <b>KEVIN M. BUTLER</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: <b>c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157</b>	Telephone number: <b>(313) 393-7433</b>	
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends	
<b>1. Basis for Claim</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods Sold / Services Performed  <input type="checkbox"/> Customer Claim  <input type="checkbox"/> Taxes  <input type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input checked="" type="checkbox"/> Other <u>SEE ATTACHED</u> </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)                      Last four digits of SS #: _____                      Unpaid compensation for services performed from _____ (date) to _____ (date)                 </div> </div>		
<b>2. Date debt was incurred:</b>  <b>SEE ATTACHED</b>	<b>3. If court judgment, date obtained:</b>  <b>N/A</b>	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>SEE ATTACHED</u> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(unsecured)</span> <span>(secured)</span> <span>(priority)</span> <span>(Total)</span> </div> <input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</small>	
<b>6. Unsecured Nonpriority Claim \$ <u>SEE ATTACHED</u></b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority		THIS SPACE IS FOR COURT USE ONLY
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
<b>9. Supporting Documents:</b> Attach copies of supporting document, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <u>(Documents are voluminous and are in possession of Debtor.)</u>		
<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
Date  July <u>25</u> , 2006	Sign and print the name and title, if any, of the creditor or other person authorize to file this claim (attach copy of power of attorney, if any).  <b>Kevin M. Butler</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

ATTACHMENT TO PROOF OF CLAIM

Creditor's name: Kevin M. Butler

As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
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Initials

FORM B10 (Official Form 10) (04/05)

<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK</b>		<b>PROOF OF CLAIM</b>
<b>Name of Debtor</b> <b>DELPHI CORPORATION</b>		<b>Case Number</b> <b>05-44481</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
<b>Name of Creditor (The person or other entity to whom the debtor owes money or property):</b>  <b>CHOON T. CHON</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
<b>Name and address where notices should be sent:</b> c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157  <b>Telephone number:</b> (313) 393-7433	THIS SPACE IS FOR COURT USE ONLY	
<b>Account or other number by which creditor identifies debtor:</b>	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
<b>1. Basis for Claim</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods Sold / Services Performed  <input type="checkbox"/> Customer Claim  <input type="checkbox"/> Taxes  <input type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input checked="" type="checkbox"/> Other <u>SEE ATTACHED</u> </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)            Last four digits of SS #: _____            Unpaid compensation for services performed            from _____ (date) to _____ (date)         </div> </div>		
<b>2. Date debt was incurred:</b> <div style="text-align: center;"><b>SEE ATTACHED</b></div>	<b>3. If court judgment, date obtained:</b> <div style="text-align: center;">N/A</div>	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>SEE ATTACHED</u> <div style="display: flex; justify-content: space-around; font-size: x-small;"> <span>(unsecured)</span> <span>(secured)</span> <span>(priority)</span> <span>(Total)</span> </div> <input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  <b>Brief Description of Collateral:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  <b>Value of Collateral:</b> \$ _____  <b>Amount of arrearage and other charges at time case filed included in secured claim, if any:</b> \$ _____	<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</small>	
<b>6. Unsecured Nonpriority Claim \$ <u>SEE ATTACHED</u></b>  <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
<b>9. Supporting Documents:</b> Attach copies of supporting document, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <u>(Documents are voluminous and are in possession of Debtor.)</u>		
<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
<b>Date</b>  July _____, 2006	<b>Sign and print the name and title, if any, of the creditor or other person authorize to file this claim, attach copy of power of attorney, if any.</b> <div style="text-align: center;">   <b>Choon T. Chon</b> </div>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

**ATTACHMENT TO PROOF OF CLAIM**

Creditor's name: Choon T. Chon

As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of \$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☒ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 4,536 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

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Initials

FORM B10 (Official Form 10) (04/05)

<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK</b>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>DELPHI CORPORATION</b>		Case Number <b>05-44481</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>DANIEL B. CRISHON</b>		THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent: c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157		
Telephone number: (313) 393-7433		
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends
1. Basis for Claim <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Other <u>SEE ATTACHED</u>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: <u>SEE ATTACHED</u>		3. If court judgment, date obtained: N/A
4. Total Amount of Claim at Time Case Filed: \$ <u>SEE ATTACHED</u> (unsecured) (secured) (priority) (Total) <input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/03. Pub. L. 109-8.
6. Unsecured Nonpriority Claim \$ <u>SEE ATTACHED</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.		
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
9. Supporting Documents: Attach copies of supporting document, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <u>(Documents are voluminous and are in possession of Debtor.)</u>		
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
Date July <u>25</u> , 2006	Sign and print the name and title, if any, of the creditor or other person authorize to file this claim (attach copy of power of attorney, if any). <u>Daniel B. Crishon</u> <b>Daniel B. Crishon</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

**ATTACHMENT TO PROOF OF CLAIM**

Creditor's name: **Daniel B. Crishon**

As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of \$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☐ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 2,008 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

DBC  
Initials

*Penalty for presenting fraudulent claim:* Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

**ATTACHMENT TO PROOF OF CLAIM**

Creditor's name: Michael P. Gannon

As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of \$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☒ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 2,823 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

  
Initials

FORM BJ0 (Official Form 10) (04/05)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor</b> <b>DELPHI CORPORATION</b>		<b>Case Number</b> <b>05-44481</b>
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>		
<b>Name of Creditor (The person or other entity to whom the debtor owes money or property):</b> <b>GUY C. HACHEY</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
<b>Name and address where notices should be sent:</b> c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157		
<b>Telephone number:</b> (313) 393-7433		
<b>Account or other number by which creditor identifies debtor:</b>		Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Other <u>SEE ATTACHED</u>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2. Date debt was incurred:</b> SEE ATTACHED		<b>3. If court judgment, date obtained:</b> N/A
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>SEE ATTACHED</u> (unsecured) (secured) (priority) (Total) <input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/03. Pub. L. 109-8.</small>
<b>6. Unsecured Nonpriority Claim</b> <u>SEE ATTACHED</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
<b>9. Supporting Documents:</b> Attach copies of supporting document, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <u>(Documents are voluminous and are in possession of Debtor.)</u>		
<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
Date July <u>25</u> , 2006	Sign and print the name and title, if any, of the creditor or other person authorize to file this claim (attach copy of power of attorney, if any). <b>Guy C. Hachey</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

**ATTACHMENT TO PROOF OF CLAIM**

Creditor's name: Guy C. Hachey

As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of  
\$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☒ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 9,212 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

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Initials

ORIGINAL

FORM B10 (Official Form 10) (04/05)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor <b>DELPHI CORPORATION</b>	Case Number <b>05-44481</b>	THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property):  <b>KAREN L. HEALY</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: <b>c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157</b>	Telephone number: <b>(313) 393-7433</b>	
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Other <b>SEE ATTACHED</b> <div style="margin-left: 400px;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)                      Last four digits of SS #: _____                      Unpaid compensation for services performed from _____ to _____  <div style="display: flex; justify-content: space-between; width: 150px;"> <span>(date)</span> <span>(date)</span> </div> </div>		
<b>2. Date debt was incurred:</b>  <b>SEE ATTACHED</b>	<b>3. If court judgment, date obtained:</b>  <b>N/A</b>	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <b>SEE ATTACHED</b> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(unsecured)</span> <span>(secured)</span> <span>(priority)</span> <span>(Total)</span> </div> <input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Real Estate                 <input type="checkbox"/> Motor Vehicle             </div> <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</small>	
<b>6. Unsecured Nonpriority Claim \$ SEE ATTACHED</b>  <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
<b>9. Supporting Documents:</b> Attach copies of supporting document, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. (Documents are voluminous and are in possession of Debtor.)		
<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date  July _____, 2006	Sign and print the name and title, if any, of the creditor or other person authorize to file this claim (attach copy of power of attorney, if any).  <b>Karen L. Healy, Vice President Corporate Affairs</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

**ATTACHMENT TO PROOF OF CLAIM**

Creditor's name: Karen L. Healy

As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of \$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☒ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 4,749 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

  
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Initials

FORM B10 (Official Form 10) (04/05)

<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK</b>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>DELPHI CORPORATION</b>		Case Number <b>05-44481</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property):  <b>Ronald E. Jobe</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: <b>c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157</b>	Telephone number: <b>(313) 393-7433</b>  Account or other number by which creditor identifies debtor:	
Check here <input type="checkbox"/> replaces if this claim a previously filed claim, dated: _____ <input type="checkbox"/> amends		THIS SPACE IS FOR COURT USE ONLY
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Other <b>SEE ATTACHED</b>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
<b>2. Date debt was incurred:</b> <b>SEE ATTACHED</b>		<b>3. If court judgment, date obtained:</b> <b>N/A</b>
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <b>SEE ATTACHED</b> (unsecured) (secured) (priority) (Total)		
<input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</small>	
<b>6. Unsecured Nonpriority Claim \$</b> <b>SEE ATTACHED</b>  <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
<b>9. Supporting Documents:</b> Attach copies of supporting document, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <u>(Documents are voluminous and are in possession of Debtor.)</u>		
<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <b>July 26, 2006</b>	Sign and print the name and title, if any, of the creditor or other person authorize to file this claim (attach copy of power of attorney, if any).  <b>Ronald E. Jobe</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C §§ 152 and 3571.

**ATTACHMENT TO PROOF OF CLAIM**

Creditor's name: Ronald E. Jobe

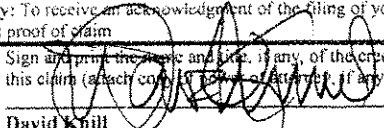
As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of \$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☐ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 4.017 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

  
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FORM B10 (Official Form 10) (04/05)

<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK</b>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>DELPHI CORPORATION</b>		Case Number <b>05-44481</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property):  <b>DAVID KNILL</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent: <b>c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157</b>		
Telephone number: <b>(313) 393-7433</b>		
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Other <b>SEE ATTACHED</b>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2. Date debt was incurred:</b>  <b>SEE ATTACHED</b>		<b>3. If court judgment, date obtained:</b>  <b>N/A</b>
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <b>SEE ATTACHED</b> (unsecured) (secured) (priority) (Total) <input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.
<b>6. Unsecured Nonpriority Claim</b> \$ <b>SEE ATTACHED</b>  <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority		THIS SPACE IS FOR COURT USE ONLY
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
<b>9. Supporting Documents:</b> Attach copies of supporting document, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <u>(Documents are voluminous and are in possession of Debtor.)</u>		
<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date July <u>26</u> , 2006	Sign and print the name and title, if any, of the creditor or other person authorize to file this claim (attach copy of signature of Attorney, if any).   <b>David Knill</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

**ATTACHMENT TO PROOF OF CLAIM**

Creditor's name: David Knill

As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

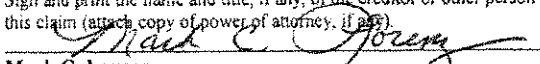
1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of \$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☐ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 2,953 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

  
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FORM B10 (Official Form 10) (04/05)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor <b>DELPHI CORPORATION</b>	Case Number <b>05-44481</b>	THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property):  <b>MARK C. LORENZ</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157  Telephone number: (313) 393-7433		
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends	
<b>1. Basis for Claim</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods Sold / Services Performed  <input type="checkbox"/> Customer Claim  <input type="checkbox"/> Taxes  <input type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input checked="" type="checkbox"/> Other <u>SEE ATTACHED</u> </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)                      Last four digits of SS #: _____                      Unpaid compensation for services performed from _____ (date) to _____ (date)                 </div> </div>		
<b>2. Date debt was incurred:</b>  <b>SEE ATTACHED</b>	<b>3. If court judgment, date obtained:</b>  <b>N/A</b>	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>SEE ATTACHED</u> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(unsecured)</span> <span>(secured)</span> <span>(priority)</span> <span>(Total)</span> </div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000), * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <i>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05, Pub. L. 109-8.</i>	
<b>6. Unsecured Nonpriority Claim \$ <u>SEE ATTACHED</u></b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
<b>9. Supporting Documents:</b> Attach copies of supporting document, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. ( <u>Documents are voluminous and are in possession of Debtor.</u> )		
<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date July <u>25</u> , 2006	Sign and print the name and title, if any, of the creditor or other person authorize to file this claim (attach copy of power of attorney, if any).  <b>Mark C. Lorenz</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

**ATTACHMENT TO PROOF OF CLAIM**

Creditor's name: Mark C. Lorenz

As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of  
\$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☒ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 6,599 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

  
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Initials

FORM B10 (Official Form 10) (04/05)

<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK</b>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>DELPHI CORPORATION</b>		Case Number <b>05-44481</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>RODNEY O'NEAL</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157		THIS SPACE IS FOR COURT USE ONLY
Telephone number: (313) 393-7433		
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Other <u>SEE ATTACHED</u>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
<b>2. Date debt was incurred:</b> <b>SEE ATTACHED</b>		<b>3. If court judgment, date obtained:</b> N/A
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>SEE ATTACHED</u> (unsecured) (secured) (priority) (Total)		
<input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim:</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other: _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	<b>7. Unsecured Priority Claim:</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</small>	
<b>6. Unsecured Nonpriority Claim \$</b> <u>SEE ATTACHED</u>  <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
<b>9. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <u>(Documents are voluminous and are in possession of Debtor.)</u>		
<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
Date July <u>26</u> , 2006	Sign and print the name and title, if any, of the creditor or other person authorize to file this claim (attach copy of power of attorney, if any). <u>Rodney O'Neal</u> <b>Rodney O'Neal, President + COO</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.


ATTACHMENT TO PROOF OF CLAIM

Creditor's name: Rodney O'Neal

As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of \$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☒ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 15,742 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

  
Initials

FORM B10 (Official Form 10) (04/05)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor <b>DELPHI CORPORATION</b>		Case Number <b>05-44481</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>FRANCISCO A. ORDONEZ</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent: c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157		
Telephone number: (313) 393-7433		
Account or other number by which creditor identifies debtor:		THIS SPACE IS FOR COURT USE ONLY
Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends		
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Other <u>SEE ATTACHED</u>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
2. Date debt was incurred: <b>SEE ATTACHED</b>		3. If court judgment, date obtained: <b>N/A</b>
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>SEE ATTACHED</u> (unsecured) (secured) (priority) (Total) <input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.
<b>6. Unsecured Nonpriority Claim</b> <u>SEE ATTACHED</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.		
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
<b>9. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <u>(Documents are voluminous and are in possession of Debtor.)</u>		
<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date July <u>25</u> , 2006	Sign and print the name and title, if any, of the creditor or other person authorize to file this claim (attach copy of power of attorney, if any). <u>Francisco A. Ordonez</u>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

ATTACHMENT TO PROOF OF CLAIM

Creditor's name: Francisco A. Ordonez

As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of \$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☒ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 6,337 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

  
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7/25/06

FORM B10 (Official Form 10) (04/05)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor</b> <b>DELPHI CORPORATION</b>		<b>Case Number</b> <b>05-44481</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
<b>Name of Creditor (The person or other entity to whom the debtor owes money or property):</b>  <b>JEFFREY J. OWENS</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
<b>Name and address where notices should be sent:</b> c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157	<b>Telephone number:</b> (313) 393-7433	
<b>Account or other number by which creditor identifies debtor:</b>		Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Other <u>SEE ATTACHED</u>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
<b>2. Date debt was incurred:</b> <u>SEE ATTACHED</u>		<b>3. If court judgment, date obtained:</b> N/A
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>SEE ATTACHED</u> (unsecured) (secured) (priority) <u>SEE ATTACHED</u> (Total) <input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  <b>Brief Description of Collateral:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  <b>Value of Collateral:</b> \$ _____  <b>Amount of arrearage and other charges at time case filed included in secured claim, if any:</b> \$ _____	<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____): _____ <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</small>	
<b>6. Unsecured Nonpriority Claim \$ <u>SEE ATTACHED</u></b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
<b>9. Supporting Documents:</b> Attach copies of supporting document, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <u>(Documents are voluminous and are in possession of Debtor.)</u>		<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.
<b>Date</b> July <u>26</u> , 2006	<b>Sign and print the name and title, if any, of the creditor or other person authorize to file this claim (attach copy of power of attorney, if any).</b> <u>Jeffrey J. Owens</u>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

**ATTACHMENT TO PROOF OF CLAIM**

Creditor's name: Jeffrey J. Owens

As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of \$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☒ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 8,004 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.



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ATTACHMENT TO PROOF OF CLAIM

Creditor's name: Ronald M. Pirtle

As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of \$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☒ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 9,212 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.



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FORM B10 (Official Form 10) (04/05)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor <b>DELPHI CORPORATION</b>	Case Number <b>05-44481</b>	THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property):  <b>RONALD M. POGUE</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: <b>c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157</b>		
Telephone number: <b>(313) 393-7433</b>		
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Other <u>SEE ATTACHED</u> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)                      Last four digits of SS #: _____                      Unpaid compensation for services performed from _____ (date) to _____ (date)                 </div> </div>		
<b>2. Date debt was incurred:</b>  <b>SEE ATTACHED</b>	<b>3. If court judgment, date obtained:</b>  <b>N/A</b>	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>SEE ATTACHED</u> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(unsecured)</span> <span>(secured)</span> <span>(priority)</span> <span>(Total)</span> </div> <input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <i>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</i>	
<b>6. Unsecured Nonpriority Claim</b> \$ <u>SEE ATTACHED</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  <b>9. Supporting Documents:</b> Attach copies of supporting document, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <u>(Documents are voluminous and are in possession of Debtor.)</u>  <b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date  July <u>26</u> , 2006	Sign and print the name and title, if any, of the creditor or other person authorize to file this claim (attach copy of power of attorney, if any).  <u>Ronald M. Pogue</u> <b>Ronald M. Pogue</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

ATTACHMENT TO PROOF OF CLAIM

Creditor's name: Ronald M. Pogue

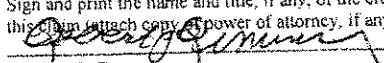
As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☐ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of \$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☐ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 2,008 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

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FORM B10 (Official Form 10) (04/05)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor <b>DELPHI CORPORATION</b>	Case Number <b>05-44481</b>	THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>ROBERT J. REMENAR</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: <b>c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157</b>	Telephone number: <b>(313) 393-7433</b>	
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Other <b>SEE ATTACHED</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)                      Last four digits of SS #: _____                      Unpaid compensation for services performed from _____ (date) to _____ (date)                 </div> </div>		
<b>2. Date debt was incurred:</b> <b>SEE ATTACHED</b>	<b>3. If court judgment, date obtained:</b> <b>N/A</b>	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <b>SEE ATTACHED</b> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(unsecured)</span> <span>(secured)</span> <span>(priority)</span> <span>(Total)</span> </div> <input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	<b>7. Unsecured-Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</small>	
<b>6. Unsecured Nonpriority Claim \$ SEE ATTACHED</b>  <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  <b>9. Supporting Documents:</b> Attach copies of supporting document, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. (Documents are voluminous and are in possession of Debtor.)  <b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date July <u>25</u> , 2006	Sign and print the name and title, if any, of the creditor or other person authorize to file this claim (attach copy of power of attorney, if any).  <b>Robert J. Remenar</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

**ATTACHMENT TO PROOF OF CLAIM**

Creditor's name: Robert J. Remenar

As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of \$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☒ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 7,671 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

RJR  
Initials

*Penalty for presenting fraudulent claim:* Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571

**ATTACHMENT TO PROOF OF CLAIM**

Creditor's name: **F. Timothy Richards**

As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

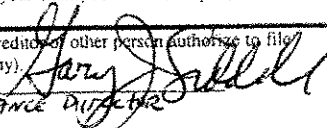
1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of  
\$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☒ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 3,469 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

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Initials

FORM B10 (Official Form 10) (04/05)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor <b>DELPHI CORPORATION</b>	Case Number <b>05-44481</b>	THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>GARY J. SIDDALL</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: <b>c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157</b>	Telephone number: <b>(313) 393-7433</b>	
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends	
1. Basis for Claim <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Other <b>SEE ATTACHED</b>		
2. Date debt was incurred: <b>SEE ATTACHED</b>		
3. If court judgment, date obtained: <b>N/A</b>		
4. Total Amount of Claim at Time Case Filed: \$ <b>SEE ATTACHED</b> (unsecured) (secured) (priority) (Total) <input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.	
6. Unsecured Nonpriority Claim \$ <b>SEE ATTACHED</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
9. Supporting Documents: Attach copies of supporting document, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. (Documents are voluminous and are in possession of Debtor.)		
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date July <u>25</u> , 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).  <b>Gary J. Siddall ASSISTANT FINANCE DIRECTOR</b>	

ATTACHMENT TO PROOF OF CLAIM

Creditor's name: Gary J. Siddall

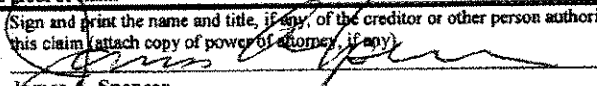
As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☐ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of \$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☒ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 1,316 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

  
Initials

FORM B10 (Official Form 10) (04/05)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor <b>DELPHI CORPORATION</b>	Case Number <b>05-44481</b>	THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>JAMES A. SPENCER</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: <b>c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157</b>	Telephone number: <b>(313) 393-7433</b>	
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Other <b>SEE ATTACHED</b>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
<b>2. Date debt was incurred:</b> <b>SEE ATTACHED</b>	<b>3. If court judgment, date obtained:</b> N/A	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <b>SEE ATTACHED</b> (unsecured) (secured) (priority) (Total)		
<input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/03. Pub. L. 109-8.	
<b>6. Unsecured Nonpriority Claim \$ SEE ATTACHED</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
<b>9. Supporting Documents:</b> Attach copies of supporting document, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <u>(Documents are voluminous and are in possession of Debtor.)</u>		
<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date July 25, 2006	(Sign and print the name and title, if any, of the creditor or other person authorize to file this claim (attach copy of power of attorney, if any).  <b>James A. Spencer</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

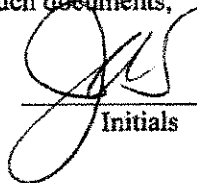
**ATTACHMENT TO PROOF OF CLAIM**

Creditor's name: James A. Spencer

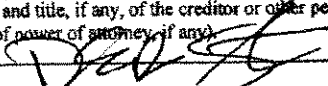
As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of  
\$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☒ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 8,472 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

  
Initials

FORM B10 (Official Form 10) (04/05)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor <b>DELPHI CORPORATION</b>	Case Number <b>05-44481</b>	THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>DALE R. STELMACH</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157  Telephone number: (313) 393-7433		
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Other <u>SEE ATTACHED</u> <div style="margin-left: 400px;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)                      Last four digits of SS #: _____                      Unpaid compensation for services performed from _____ (date) to _____ (date)                 </div>		
<b>2. Date debt was incurred:</b> <b>SEE ATTACHED</b>	<b>3. If court judgment, date obtained:</b> N/A	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>SEE ATTACHED</u> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(unsecured)</span> <span>(secured)</span> <span>(priority)</span> <span>(Total)</span> </div> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</small>	
<b>6. Unsecured Nonpriority Claim \$ <u>SEE ATTACHED</u></b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  <b>9. Supporting Documents:</b> Attach copies of supporting document, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <u>(Documents are voluminous and are in possession of Debtor.)</u>  <b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		THIS SPACE IS FOR COURT USE ONLY
Date July <u>25</u> , 2006	Sign and print the name and title, if any, of the creditor or other person authorize to file this claim (attach copy of power of attorney, if any) <div style="text-align: center;"></div> <b>Dale R. Stelmach</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

**ATTACHMENT TO PROOF OF CLAIM**

Creditor's name: Dale R. Stelmach

As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☐ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of \$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☐ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 2,953 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☐ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

 7/25/06  
Initials

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

ATTACHMENT TO PROOF OF CLAIM

Creditor's name: Bette M. Walker

As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of \$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☒ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 2,775 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

Bmw  
Initials

ORIGINAL

FORM B10 (Official Form 10) (04/05)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor <b>DELPHI CORPORATION</b>	Case Number <b>05-44481</b>	THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>MARK WEBER</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: <b>c/o Robert S. Hertzberg, Esq. Pepper Hamilton LLP 100 Renaissance Center, Suite 3600 Detroit, MI 48243-1157</b>	Telephone number: <b>(313) 393-7433</b>	
Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends	
1. Basis for Claim <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Other <b>SEE ATTACHED</b>		
2. Date debt was incurred: <div style="text-align: center;"><b>SEE ATTACHED</b></div>		
3. If court judgment, date obtained: <div style="text-align: center;"><b>N/A</b></div>		
4. Total Amount of Claim at Time Case Filed: \$ <b>SEE ATTACHED</b> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(unsecured)</span> <span>(secured)</span> <span>(priority)</span> <span>(Total)</span> </div>		
<input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</small>	
6. Unsecured Nonpriority Claim \$ <b>SEE ATTACHED</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
9. Supporting Documents: Attach copies of supporting document, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>(Documents are voluminous and are in possession of Debtor.)</b>		
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date July 25, 2006	Sign and print the name and title, if any, of the creditor or other person authorize to file this claim (attach copy of power of attorney, if any).  <b>Mark Weber</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

**ATTACHMENT TO PROOF OF CLAIM**

Creditor's name: Mark R. Weber

As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☐ Award under Performance Achievement Plan for 2002-2004 of \$ \_\_\_\_\_.
3. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
4. ☒ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
5. ☒ 14,408 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
6. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
8. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
9. ☐ Award under Annual Incentive Plan for 2005: claim is contingent, and amount is unliquidated.
10. ☒ Award under Long-Term Incentive Plan to the extent not included in item 4 above: claim is contingent, and amount is unliquidated.

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

  
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Initials

*Penalty for presenting fraudulent claim:* Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571.

**ATTACHMENT TO PROOF OF CLAIM**

Creditor's name: **JAMES P. WHITSON**

As of October 8, 2005 (the "Filing Date"), Creditor had the following claims against Delphi Corporation ("Debtor") which have not been paid or satisfied [check those which apply]:

1. ☒ Awards under Performance Achievement Plan for 2004-2006 and 2005-2007 cycles: claim is contingent, and amount is unliquidated.
2. ☒ Indemnity under Debtor's bylaws with respect to a threatened action, suit or proceeding related to Creditor's being a director, officer or employee of Debtor or its subsidiaries: claim is contingent, and amount is unliquidated.
3. ☒ Pursuant to the Change in Control Agreement between Creditor and Debtor, amounts to be funded and/or paid to Creditor and equity to vest in Creditor, (a) irrespective of whether Creditor has a termination of employment following the change in control, and (b) if Creditor has a termination of employment following the change in control: claim is contingent, and amount is unliquidated.
4. ☒ 2,775 vested but undelivered Restricted Stock Units pursuant to the Long-Term Incentive Plan.
5. ☒ Supplemental group life insurance benefit, which was canceled by the Debtor after the Filing Date: claim is contingent, and amount is unliquidated.
6. ☒ Benefit under Supplemental Executive Retirement Program ("SERP") to the extent Creditor's benefit is affected by the \$5,000 per month cap imposed by the Debtor: claim is contingent, and amount is unliquidated.
7. ☒ Benefit under Benefit Equalization Plan for Salaried Employees ("BEP"): claim is contingent, and amount is unliquidated.
8. ☒ Award under Long-Term Incentive Plan: claim is contingent, and amount is unliquidated.
9. ☒ Failure of Debtor to enter into an Employment Agreement with Claimant (who is Chief Tax Officer of Debtor), despite statements in a Form 8-K, filed with the Securities and Exchange Commission on October 7, 2005, that Debtor "... determined to enter into employment agreements between Delphi and each of its officers in the United States, including executive officers, other than Mr. Miller."

The documents upon which these claims are based are voluminous. They are the plans of the Debtor, the documents supporting such plans and the Debtor's bylaws, and they are all in the possession of the Debtor. To the extent Creditor has copies of such documents, Creditor will make copies of them available upon request.

  
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